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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission 2

Application Number	09/872,493
Filing Date	June 1, 2001
First Named Inventor	Daryn Kenney
Art Unit	1634
Examiner Name	GOLDBERG, JANINE ANNE
Attorney Docket Number	1300-2329

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change of Correspondence Address
<input type="checkbox"/> Remarks _____ The Commissioner is authorized to charge any deficiencies or credit any overpayment of fees to Deposit Account No. 18-0560.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C.		
Signature	/James S. Nolan/		
Printed name	James S. Nolan		
Date	August 13, 2008	Reg. No.	53,393

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	/Jeremy Johnston/		
Typed or printed name	Jeremy Johnston	Date	August 13, 2008

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